

INSTRUCTIONS FOR SUBMITTING A NURSE APPLICATION TO THE NAVAJO AREA INDIAN HEALTH SERVICE

1. The application process for nurses begins when you call our office, your application is sent to us from the Indian Health Service (IHS) Headquarters' Recruitment Office, or you are referred by another IHS Area.
2. The completed forms and document we need to process your application in the Navajo Area are listed below:
 - a. EMPLOYMENT APPLICATION: (OF-612/SF 171/RESUME)
If submitting RESUME only, see attached recommended format enclosed.
 - b. OF-306, DECLARATION FOR FEDERAL EMPLOYMENT
 - c. ADDENDUM TO DECLARATION FOR FEDERAL EMPLOYMENT (CHILD CARE CLEARANCE FORM)
 - d. BIA FORM 4432-MUST BE SUBMITTED IF CLAIMING INDIAN PREFERENCE
 - e. DD-214, IF CLAIMING VETERANS PREFERENCE
 - f. SF-15 AND LETTER FROM VETERANS ADMINISTRATION DATED WITHIN LAST 12 MONTHS, IF CLAIMING 10 POINT VETERAN PREFERENCE
 - g. COPY OF CURRENT NURSING LICENSE AND CERTIFICATIONS

- h. COPY OF COLLEGE TRANSCRIPTS. NEW GRADS must have their college send OFFICIAL TRANSCRIPTS to the Navajo Area Personnel Office or Recruitment Office.
- i. SF-50, NOTIFICATION OF PERSONNEL ACTION (If current or former federal employee.)
- j. SUPPLEMENTAL QUESTIONNAIRE (KSAs)
- k. GEOGRAPHICAL AVAILABILITY / NURSING SPECIALITY AREA CHECKLIST
- l. REFERENCE CHECK FORM (EMPLOYMENT HISTORY)
- m. MOST CURRENT PERFORMANCE APPRAISAL

PLEASE SEND THESE DOCUMENTS DIRECTLY TO:

BRENDA GABBARD, RN
NAVAJO AREA INDIAN HEALTH SERVICE
P.O. BOX 9020
WINDOW ROCK, AZ 86515-9020

- 3. Registered Nurses pursuing a Commission in the U.S. Public Health Service apply directly to the Commissioned Corps office in Rockville, MD. Applicants who are already a Commissioned officer need only send a RESUME; include your PHS Serial No. and Rank on the RESUME.
- 4. Once your application or RESUME is received, it is copied and sent to those facilities in which you have indicated an interest or to all facilities with openings in your specialty area. The original application is sent to the Area Personnel Office in Window Rock, AZ for processing. You may not hear from anyone during the time that your application is being copied and sent to Service Unit Contacts.
- 5. While your Personnel Office is processing your original application, representatives from the facilities that are considering you for employment, will call you. If you are interested in a particular hospital or health center, you may also call the hospital or health center Nurse Recruiter, Director of Nursing (DON), or Unit Supervisor Clinical Nurse (SCN) directly. A list of these people with their telephone numbers is enclosed. You may also continue to maintain contact with Brenda or Loretta at the Navajo Area Indian Health Service Area office in Window Rock, AZ until you are hired by a facility.

6. When it is determined that you qualified for a position, your name will be placed on a list with other qualified applicants. This list is sent to the hiring official (usually the facility DON) and a selection is made. If there are no positions open in which you are interested or none in your specialty, your application will be placed in our applicant inventory and you will be considered when a position does become available. The average time to bring a nurse that has never worked for IHS on board is 3 months.
7. Your application will remain active for 6 months, during which time you will be considered for all the positions for which you are qualified. Sometimes you are not selected for positions that are open at the time you apply, but may be selected up to 6 months later. If you are not hired by the end of 6 months, you may contact Area Personnel at (928) 871-1368, to let them know you are still interested and/or to update applicant information send copy of renewed RN license, change availability, change of address, phone number, employment location, etc.).
8. The health facility DONs and SCNs can tentatively match you for a job, but the selection depends on your eligibility and certain Federal regulations. An Official offer of the job will be made to you by a member of the Personnel Staff via a telephone call or registered letter. If you accept the position offered, you will receive information regarding travel and moving arrangements very shortly after accepting a position. **DO NOT MAKE ANY BINDING TRAVEL ARRANGEMENTS ON YOUR OWN UNLESS DIRECTED TO DO SO BY A NAVAJO AREA IHS TRANSPORTATION OFFICER.**
9. It is important for you to remember that by law, Native Americans and Veterans have preference in hiring. Your match for a job is tentative until it is determined that you are eligible. Remember also that your qualification for a job is based on a national standardized scoring system that everyone is rated on using the same criteria.

Thank You for your interest in the Navajo Area. We look forward to receiving your application. If you have any questions, please call Brenda or Loretta at (928) 871-5842 or 1-800-562-1388. Our e-mail address is :
brenda.gabbard.@navajo.ihs.gov

Brenda Gabbard, MPH, RN
Director, Division of Nursing
Navajo Area Indian Health Service

**DECLARATION FOR FEDERAL EMPLOYMENT
INDIAN HEALTH SERVICE
CHILD CARE & INDIAN CHILD CARE WORKER POSITIONS
(Civil Service and Commissioned Corps Applicant)**

NAME _____ SOCIAL SECURITY NO. _____
(Please Print)

BACKGROUND INFORMATION

Section 231 of the Crime Control Act of 1990, Public Law 101-647, requires that employment applications for Federal child care positions have applicants sign a receipt of notice that a criminal record check will be conducted.

Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630, requires a criminal record check for positions in the Department of Health and Human Services that involve regular contact with or control over children.

I certify that my response to these questions is made under Federal penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a criminal check will be conducted. I understand my right to obtain a copy of any criminal history report made available to the Indian Health Service and my rights to challenge the accuracy and completeness of any information contained in the report.

- | | | |
|--|--------------|-------------|
| 1. Have you ever been arrested for or charged with a crime involving a child? [If "YES", provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.] | YES
_____ | NO
_____ |
| 2. Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any offense under Federal, State, or Tribal law involving crimes of violence, sexual assault, molestation, contact or prostitution, or crimes against persons? [If "YES", provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.] | YES
_____ | NO
_____ |

Employee/Applicant Signature

Date

**MUST HAVE ORIGINAL SIGNATURE AND CURRENT DATE
TELEFAXED COPIES WILL NOT BE ACCEPTED**

**SUPPLEMENTAL QUESTIONNAIRE
CLINICAL NURSE, GS-610-09/10**

1. **KNOWLEDGE OF ADVANCED NURSING PRACTICE.** This is the knowledge of the full scope of advanced nursing practices and skills. This includes the knowledge of advance assessments and nursing management of age specific patients with multiple system complications. Also included is the ability and knowledge to apply advanced nursing interventions within the specific nursing specialty area(s), according to specific policies, procedures and standards of patient care. What in your background shows you possess this ability?

What was the duration of these activities?

Who can verify this information? (Please provide a telephone number.)

2. **ABILITY TO COMMUNICATE ORALLY AND/OR IN WRITING.** This is the ability to obtain and convey information related to patient care and for the purpose of assessing the nursing unit to establish priorities. This includes documenting and conveying medical procedures and standards of patient care by educating and counseling patients and families. What in your background shows that you possess this ability?

What was the duration of these activities?

Who can verify this information? (Please provide a telephone number.)

3. ABILITY TO PROVIDE LEADERSHIP. This is the ability to lead and motivate a wide variety of employees including health care professionals and all support staff. This includes the ability to plan and implement change as well as respond to changes in processes, procedures and goals in a constructive manner to effect necessary modifications. The ability to function as a team member/leader and direct other team members and delegating appropriate task and duties is implied in this ability. What in your background shows you possess this ability?

What was the duration of these activities?

Who can verify this information? (Please provide a telephone number.)

4. KNOWLEDGE OF ADVANCE LEVEL OF EMERGENCY INTERVENTIONS. This is the knowledge of and ability to provide advance emergency measures through anticipation and intervention utilizing advanced nursing skills. This includes the knowledge of area specific advanced medication indications and therapies. Also included is the knowledge of and the ability to operate advanced medical equipment and its proper use and assist with invasive intervention. What in your background shows you possess this ability?

What was the duration of these activities?

Who can verify this information? (Please provide a telephone number.)

CERTIFICATION

I CERTIFY THAT ALL OF THE STATEMENTS MADE IN THE ABOVE QUESTIONNAIRE ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND ARE MADE IN GOOD FAITH.

Signature (SIGN IN INK)

Date

Date Licensed	State in which Licensed	License Number	Expiration Date	Unrestricted?

Geographic Availability

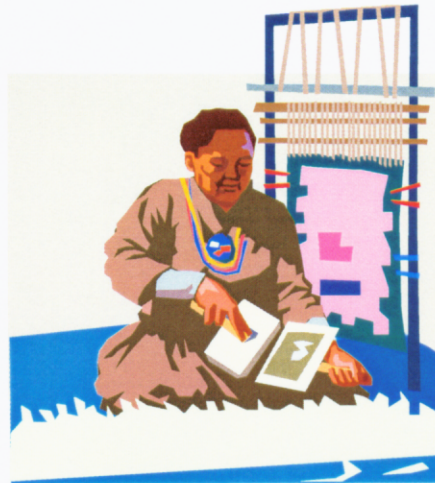
Place an X next to those locations for which you wish to be considered for. These are the Hospitals / Health Clinics that are located on the Navajo Reservation

ARIZONA

_____ Chinle
_____ Ft. Defiance
_____ Kayenta
_____ Tuba City
_____ Winslow

NEW MEXICO

_____ Crownpoint
_____ Gallup
_____ Shiprock



Place an X next to those specialty areas listed below which you are qualified and wish to be considered for. An application must have at least ONE YEAR OF PROFESSION nursing experience to qualify in the specialty areas*. Your application/resume will be carefully reviewed to determine whether you possess the required knowledge, abilities and skills for specified specialty areas.

_____ Neonatal*
_____ Emergency Room*
_____ Operating/Recovery Rm.*
_____ Peds
_____ OB/GYN*
_____ Surgical Care Unit
_____ Nurse Midwife (Master)
_____ Community Health Nurse (BSN)

_____ Discharge Planning
_____ Intensive Care*
_____ Medical Surgical
_____ Ambulatory Care
_____ Orthopedics
_____ Nurse Practitioner (Master)
_____ Nurse Educators
_____ Nurse Anesthetists (Master)

NOTE: NATIVE AMERICAN INDIAN PREFERENCE CANDIDATES ARE GIVEN FIRST PRIORITY IN FILLING NURSE POSITION.

SIGNATURE: _____

DATE: _____

NAVAJO

AREA

APPLICATION

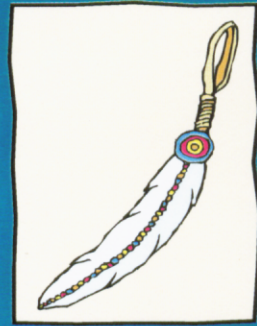
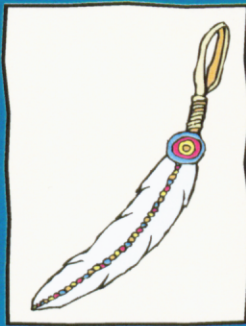
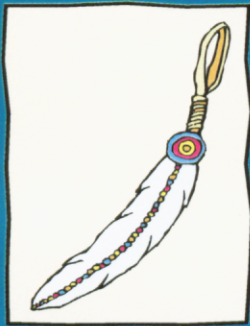
CHECKLIST



'Thank you' for your interest in the nursing job opportunities in the Navajo Area. To facilitate the process of your application, make sure all sections of the application forms are COMPLETED and SIGNED before you send them to us.

CIRCLE ONE: LPN NEW Grad (w/o License) ASSOCIATE BACHELOR MASTER DIPLOMA

<u>Y</u>	<u>N</u>	<u>REQUIRED DOCUMENTATION</u>
		EMPLOYMENT APPLICATION: <input type="checkbox"/> OF-612 <input type="checkbox"/> SF-171 <input type="checkbox"/> RESUME (If submitting resume only, see attached recommended format.)
		OF-306, DECLARATION FOR FEDERAL EMPLOYMENT
		ADDENDUM TO DECLARATION FOR FEDERAL EMPLOYMENT (Child Care Clearance Form)
		BIA FORM 4432-MUST BE SUBMITTED IF THE APPLICANT IS CLAIMING INDIAN PREFERENCE
		DD-214, IF CLAIMING VETERAN PREFERENCE
		SF-15 AND LETTER FROM VETERANS ADMINISTRATION DATED WITHIN LAST 12 MONTHS, IF CLAIMING 10 POINTS
		COPY OF CURRENT NURSING LICENSE AND CERTIFICATIONS
		(NEW GRADS-OFFICIAL TRANSCRIPTS SENT BY THE COLLEGE) COPY OF COLLEGE TRANSCRIPT: <input type="checkbox"/> ASSOCIATE <input type="checkbox"/> BACHELOR <input type="checkbox"/> MASTER
<u>Y</u>	<u>N</u>	<u>OPTIONAL FORMS</u>
		SF-50, NOTIFICATION OF PERSONNEL ACTION (If current or former federal employee)
		SUPPLEMENTAL QUESTIONNAIRE (KSAs)
		GEOGRAPHIC AVAILABILITY / NURSING SPECIALITY AREA CHECKLIST
		REFERENCE CHECK FORM (Employment History)
		MOST CURRENT PERFORMANCE APPRAISAL



RESUME

If you submit a resume: It is to your advantage to use the following format. Using this format will give you proper credit for experience and allow us to do reference checks.

EMPHASIS PLACED ON DATES EMPLOYED AND AVERAGE NUMBER OF HOURS WORKED PER WEEK.

1. Name and address of employer's organization (include zip code).
2. Dates employed (give month, day, and year)

From: _____ TO: _____

3. Average number of hours per week worked.
4. Salary or earnings (per annum or hourly).
5. Exact Title of Job.
6. Name of Immediate Supervisor.
7. Telephone number of Supervisor (include area code).
8. Number of Employees Supervised (if a Supervisor).
9. Your reason for leaving or wanting to leave.
10. Federal Employment, indicate Title, Series, Grade and the date of your last promotion.

Description of work: Describe your specific duties, responsibilities and accomplishments IN DETAIL. If you describe more than one type of work, write the approximate percentage of time doing each.



NAVAJO AREA INDIAN HEALTH SERVICE
DIVISION OF NURSING
(Hospital/Ambulatory Care/Public Health Nursing)

<u>ADDRESS</u>	<u>PHONE NUMBERS</u>	<u>CONTACT PERSON</u>	<u>TITLE</u>
<u>Area Office:</u> Indian Health Service Building P.O. Box 9020 Window Rock, AZ 86515 (EXPRESS SERVICES: HWY 264 & St. Michaels Rd St. Michaels, AZ 86511)	Ofc. #928/ 871-5842 Toll Free #: 1-888-562-1411 FAX#928/ 871-1365	Brenda Gabbard, RN Loretta Y. Williams	<i>Nurse Consultant (H/AC) & Nurse Recruiter & PHN Liaison</i> brenda.gabbard@navajo.ih.s.gov <i>Recruitment Secretary</i>
<u>Chinle Health Care Facility</u> P.O. Drawer "PH" OFF Hwy 191 Chinle, AZ 86503	Ofc: 928/ 674-7001 Nursing 674-7372 Fax: 928/ 674-7008	Connie Taylor, RN Shirley Stoner, RN	<i>Director of Nursing</i> <i>Director Public Health Nursing</i>
<u>Crownpoint Health Care Facility</u> P.O. Box 358 HWY Junction 57, Route 9 Crownpoint, NM 87313-0358	Ofc: 505/ 786-5291 Fax: 505/ 786-5840	Erma Marbut, RN Vacant Irene Marietta, RN	<i>Director of Nursing</i> <i>Nurse Educator</i> <i>Director Public Health Nursing</i>
<u>Ft. Defiance Hospital</u> P.O. Box 649 INTERSECTION OF HWY 12 INTO NR 110 Ft. Defiance, AZ 86504-0649	Ofc: 928/ 729-8581 Fax: 928/729-8019	Cleo Peacock, RN Linda Rhodes, RN Margaret Peterson, RN	<i>Director Of Nursing</i> <i>Recruitment/Retention</i> <i>Public Health Nursing</i>
<u>Gallup Indian Medical Center</u> P.O. Box 1337 516 E. Nizhoni Blvd. Gallup, NM 87305	Ofc: 505/ 722-1000 Fax: 505/ 722-1554	Donna Huber, RN Sharon Azure, RN x207 Susan Crowl, RN Geraldine Nez, RN	<i>Director Of Nursing</i> <i>Nurse Recruiter</i> <i>Nurse Educator</i> <i>Director Public Health Nursing</i>
<u>Kaventa Health Center</u> P.O. Box 368 HWY 163 Kayenta, AZ 86033	Ofc: 928/ 697-4000 Fax: 928/ 697-3264	Lorraine Thomas, RN Kendra McNellye, RN Carol Sassaman, RN	<i>Acting/ Director Of Nursing</i> <i>Nurse Educator</i> <i>Director Public Health Nursing</i>
<u>Northern Navajo Medical Center</u> P.O. Box 160 U.S. HWY 666, North Shiprock, NM 87420-0160	Ofc: 505/ 368-6001 Fax: 505/ 368-6260	Lavenia Diswood, RN Olivia Still, RN Dianne Christianson, RN	<i>Director Of Nursing</i> <i>Nurse Educator</i> <i>Acting/Dir. Public Health</i> <i>Nursing</i>
<u>Tuba City Indian Medical Center</u> P.O. Box 600 167 N. Main Street Tuba City, AZ 86045	Ofc: 928/ 283-2501 Fax: 928/ 283-2516	Kathy Bates, RN Sylvia Simmons, RN Amy Webb, RN x 2563 Pat Reese, RN Ann Hilt-Garro, RN	<i>Director of Nursing</i> <i>Asst. Director of Nursing</i> <i>Nurse Recruiter</i> <i>Nurse Educator</i> <i>Dir. Public Health Nursing</i>
<u>Winslow Health Center</u> P.O. Box Drawer 40 500 Indiana Winslow, AZ 86047	Ofc: 928/ 289-4646x165 Fax: 928/ 289-5264	Dennis Randles, RN Regina Eddie, RN	<i>Director of Nursing</i> <i>Director Public Health Nursing</i>